Registration Form

Signature of parent/guardian



Addre	Address		City Work Number an above)		Zip	
					Cell Number	
		nan above)			Phone Number	
E-Mai	l Address					
Participant Name					Program	Fee
First	Last	Sex	Birth Date	Grade	Program Name(s)	\$\$
		-			TOTAL FEE	
1. Prograr available change 2. If particlosing Howev 3. League	le, a full refund will be issu locations, or change instru icipant wishes to cancel	of enrollmer led within 3 actors as nee or fails to gistration i will be han ted based	nt: You will be not 0 days. The Parks a eded. participate in a p n order to receiv adled on a case-to on missed or forf	and Recreation D program: He/she e a refund. No o p-case basis.	an alternative choice if one is available epartment reserves the right to cancel e must notify the Recreation Depar credits or refunds will be given afte	postpone, combine tment BEFORE
the undersigne outh Jordan Pa azards and, (2 ontent of the p motionally fit	ed recognizes and acknow arks & Recreation Departr) agrees that I am bound b brograms and activities of t and capable of safely parti- ecreation Department to re	rledges that ment. The u by all terms a the Parks & cipating in elease, defer ll loss, judge	there are certain indersigned hereby and conditions of t Recreation Depart such programs or and, indemnify and ments, damage and	y (1) knowingly a the South Jordan tment and hereby activities. I agree hold harmless So I expense incurre	s and risks connected with activities ind voluntarily assumes full responsibily City rules and procedures. The under represents that the undersigned is phase as a condition of participation in proputh Jordan City, its officers, agents, and by reason of any claim or liability baser intentional action of the undersigned	lity for such risks signed is aware of ysically, mentally grams or activitie employees and volument (1) person (1) person (1)

Date